				1. DEPA	RTMENT OR ESTABLISHM	MENT, BUREAU, DIVISION	OR OFFICE	2 VOUCHER N	JM8ER		
			OR REIMBURSEMENT								
FOR EXPENDITURES ON OFFICIAL BUSINESS								3. SCHEDULE NUMBER			
_	_		Read the Privacy Act States	nent or	the back of this fo	rm.		5. PAID BY			
4.	a. NAME (Le	st, firs	I middle initial)			b. EMPLOYEE ID NU	MBER				
C	VALDE:	Z. M	IELISSA								
A	c. MAILING ADDRESS (Include ZIP Code)					d. OFFICE TELEPHONE NUMBER		1			
M A											
N						928-503-068	0				
T 6.	EXPENDIT	TURE	S (If fare or toll claimed in column	ı (a) exc	eeds charge for one			number of add	litional per	sons whici	h
			accompanied the claimant.)	, 19, Oxe		porcord orrow in con-					
	DATE	C	Show appropriate code in column (b): A - Local Travel		MILEAGE RATE (Enter Whole						
_	2021	O D	B - Telephone or Telegraph C - Other expenses (itemized)	E. Spe	ecialty Care		Numbers Only)				
		E		expenditure	es in specific detail.)		NUMBER OF		FARE OR	ADD	TIPS AND
_	(a)	(b)	(c) FROM		(a)	то	MILES (e)	MILEAGE (f)	TOLL (g)	PERSONS (h)	MISCELLANEOU (i)
_	23/2021	1	BBA-335 HUMAN RESOUCE MANAGEMENT				100				\$1,469.00
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					CURTOTAL C CARRIE	D FORWARD FROM THE	-		-	+	_
If a	additional :	space	e is required continue on the back.			ACK					
7.	AMOUN	T CL	AIMED (Total of columns (f), (g) a	nd (i).)	\$1,469,00	TOTALS			, is		\$1,469.00
			oved. Long distance telephone calls, if interest of the Government. (Note: If los			10. I certify that this of and that payment			•	knowledge	and belief
i	ncluded, the	appr	oving official must have been authorize or agency to so certify (31 U.S.C. 680a	d in writin		and that paymen		not been receiv n Original On	-		
٠	n ine depart	111 0 111	or agency to so cortaly jor o.o.o. ocod	1.1			Sig	jii Ongmai On	'y		
			Sign Original Only			CLAIMANT SIGN HERE VALE 6327		09938 Digitally signe VALDEZ MEUS Date: 2021, 10.	d by iSA_I.1099386327 22 12:33:27 -07'00'	10/2	2/2021
			The same of the sa		DATE	11.	CASI	PAYMENT REC	EIPT		- X
0	PROVING FFICIAL SN HERE	-			Dec 13, 202	a PAYEE (Signature)				b DATE RE	CEIVED
_		certi	fied correct and proper for payment.			1				c. AMOUNT	
AU1	THORIZED		Sign Original Only		DATE				- 3	\$	
0	RTIFYING FFICER 3N HERE				DATE	12. PAYMENT MADE BY CHECK NUMBER	₹				
_		IG C	LASSIFICATION		ś						

DATE	C	Show appropriate code in column (b). A - Local Travel D. Funeral Honors Detail			AMOUNT CLAIMED			
	l ŏ í	A - Local Travel D. Fun	MILEAGE					
2021		B - Telephone or Telegraph E. Spe	RATE NUMBER OF MILES		FARE OR TOLL	ADD	TIPS AND	
	E	C - Other expenses (itemized)						
	151	(Explain expenditures in specific detail.)						
(a)	(b)	(c) FROM	(d) TO	MILES (e)	MILEAGE	TOLL	PERSONS	MISCELLANEOL
197	10)	(u) I Noill	10/10	(8)	(1)	(g)	(h)	(i)_
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In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by Executive Order 11609 of July 22, 1971, Executive Order 11012 of March 27, 1962. Executive Order 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment of reimbursements from the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, Local, or Foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. An Employee Identification (ID) Number is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and Executive Order 9397, November 22, 1943, for use as a taxpayer and/or identification number. Disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your ID Number and other requested information is voluntary in all other instances. Failure to provide the information (other than ID Number) required to support the claim may result in delay or loss of reimbursement.